# Case 11-03184-ee Doc 5 Filed 09/12/11 Entered 09/12/11 10:49:31 Desc Main Document Page 1 of 9

B22C (Official Form 22C) (Chapter 13) (12/10)

In re	Oscar (	Clemons, Jr.	According to the calculations required by this statement:
	_	Debtor(s)	■ The applicable commitment period is 3 years.
Case Nu	ımber:	11-03184	☐ The applicable commitment period is 5 years.
		(If known)	☐ Disposable income is determined under § 1325(b)(3).
			■ Disposable income is not determined under § 1325(b)(3).
			(Check the boxes as directed in Lines 17 and 23 of this statement.)

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Par	t I.	REPORT OF IN	COM	E					
1		Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. □ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.									
		b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income")									
	All figures must reflect average monthly income received from all sources, derived during the six							Column A		Column B	
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.							Debtor's Income		Spouse's Income	
2	Gros	s wages, salary, tips, bonuses, overtime, con	nmis	ssions.			\$	0.00	\$	789.00	
3	enter profe numb	the difference in the appropriate column(s) of ssion or farm, enter aggregate numbers and proper less than zero. Do not include any part of luction in Part IV.	Lin	e 3. If you operate le details on an att	more achme	e than one business, ent. Do not enter a					
	I		Φ.	Debtor	Φ.	Spouse					
	a. b.	Gross receipts Ordinary and necessary business expenses	\$	0.00		0.00					
	c.	Business income		btract Line b from			\$	0.00	\$	0.00	
4		ppropriate column(s) of Line 4. Do not enter a of the operating expenses entered on Line b									
	a.	Gross receipts	\$	0.00		0.00					
	b.	Ordinary and necessary operating expenses	\$	0.00		0.00	_		_		
	c.	Rent and other real property income	St	btract Line b from	Line	a	\$	0.00	\$	0.00	
5	Inter	est, dividends, and royalties.					\$	0.00	\$	0.00	
6	Pensi	ion and retirement income.					\$	0.00	\$	0.00	
7	exper purp debto	amounts paid by another person or entity, on the debtor or the debtor's dependent ose. Do not include alimony or separate main or's spouse. Each regular payment should be related in Column A, do not report that payment in Column A.	s, ir tena port	ncluding child sup ance payments or a ted in only one col	<b>port</b> j moun	paid for that its paid by the	\$	0.00	\$	0.00	
		Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:									
8	Unen Howe benef or B,	ever, if you contend that unemployment comp fit under the Social Security Act, do not list th	ensa e an	ation received by y							

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.		
	Debtor Spouse		
	a.	0.00	\$ 0.00
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	0.00	\$ 789.00
11	<b>Total.</b> If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		789.00
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD		
12	Enter the amount from Line 11	\$	789.00
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spou enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustment on a separate page. If the conditions for entering this adjustment do not apply, enter zero.    S	the ts	
	Total and enter on Line 13	\$	0.00
14	Subtract Line 13 from Line 12 and enter the result.	\$	789.00
15	<b>Annualized current monthly income for § 1325(b)(4).</b> Multiply the amount from Line 14 by the number 12 a enter the result.	nd \$	9,468.00
16	<b>Applicable median family income.</b> Enter the median family income for applicable state and household size. (Tinformation is available by family size at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	This	
	a. Enter debtor's state of residence: MS b. Enter debtor's household size: 2	\$	41,579.00
17	<ul> <li>Application of § 1325(b)(4). Check the applicable box and proceed as directed.</li> <li>■ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitme top of page 1 of this statement and continue with this statement.</li> <li>□ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commit at the top of page 1 of this statement and continue with this statement.</li> </ul>	_	-
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOMI	Ξ	
18	Enter the amount from Line 11.	\$	789.00
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.    a.	;	
	Total and enter on Line 19.	\$	0.00
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$	789.00

21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.						\$	9,468.00
22	Applic	able median family incom	e. Enter the amount from	n Lin	e 16.		\$	41,579.00
23	■ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not more than the amount on Line 21.							
						nent. Do not complete Par		
		Part IV. CA	ALCULATION (	)F I	DEDUCTIONS FR	ROM INCOME		
		Subpart A: Do	eductions under Star	dar	ds of the Internal Rev	enue Service (IRS)		
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.							
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of older. (The applicable number of persons in each age category is the number in that category that would cube allowed as exemptions on your federal income tax return, plus the number of any additional dependents you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.					cional Standards for clable at icable number of persons to are 65 years of age or gory that would currently tional dependents whom and enter the result in and enter the result in Line		
	Persons under 65 years of age			Persons 65 years of age or older				
	a1.	Allowance per person		a2.	Allowance per person			
	b1.	Number of persons		b2.	Number of persons			
	c1.	Subtotal		c2.	Subtotal		\$	
25A	Utilitie availab the nur any ado	Standards: housing and uses Standards; non-mortgage ble at www.usdoj.gov/ust/onber that would currently build ditional dependents whom	expenses for the applicar from the clerk of the bee allowed as exemptions you support.	able c ankru s on y	ounty and family size. (1 ptcy court). The applicab our federal income tax re	This information is le family size consists of turn, plus the number of	\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.							
		IRS Housing and Utilities Average Monthly Payment						
		home, if any, as stated in L	ine 47	y you	\$			
	1	Net mortgage/rental expens			Subtract Line b t		\$	
26	25B do Standa	Standards: housing and uppers not accurately compute rds, enter any additional and tion in the space below:	the allowance to which	you a	re entitled under the IRS	Housing and Utilities		

	Local Standards: transportation; vehicle operation/public transportation expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation.					
27A	Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 7.   0					
	If you checked 0, enter on Line 27A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a>	"Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$			
27B	B Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)					
	<b>Local Standards: transportation ownership/lease expense; Vehicle</b> you claim an ownership/lease expense. (You may not claim an owner vehicles.) $\square$ 1 $\square$ 2 or more.					
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Li the result in Line 28. <b>Do not enter an amount less than zero.</b>	court); enter in Line b the total of the Average				
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47	\$				
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$			
29	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Lithe result in Line 29. <b>Do not enter an amount less than zero.</b> a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47	court); enter in Line b the total of the Average				
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
30	Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale	come taxes, self employment taxes, social	\$			
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as voluntary deductions for employment are required for your employment, such as mandatory uniform costs.	retirement contributions, union dues, and	\$			
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.		\$			
33	Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.		\$			
34	Other Necessary Expenses: education for employment or for a phythetotal average monthly amount that you actually expend for educate education that is required for a physically or mentally challenged dependence of the providing similar services is available.	ion that is a condition of employment and for	\$			
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. <b>Do</b>		\$			
36	Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts	our dependents, that is not reimbursed by the amount entered in Line 24B. <b>Do not</b>	\$			

Other Necessary Expenses: telecommunication services. Enter the total average monthly amount the actually pay for telecommunication services other than your basic home telephone and cell phone service pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your welfare or that of your dependents. Do not include any amount previously deducted.	ice - such as				
Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$				
Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 2	24-37				
Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.					
a. Health Insurance \$					
b. Disability Insurance \$					
c. Health Savings Account \$					
Total and enter on Line 39	\$				
If you do not actually expend this total amount, state your actual total average monthly expenditures below:  \$	in the space				
Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.					
Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or othe applicable federal law. The nature of these expenses is required to be kept confidential by the court.					
Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.					
Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.					
Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					
<b>Charitable contributions.</b> Enter the amount reasonably necessary for you to expend each month on characteristic contributions in the form of cash or financial instruments to a charitable organization as defined in 26 170(c)(1)-(2). <b>Do not include any amount in excess of 15% of your gross monthly income.</b>					
<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 39 through 45.	\$				
	actually pay for telecommunication services other than your basic home telephone and cell phone servipagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your welfare or that of your dependents. Do not include any amount previously deducted.  Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.  Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 2.  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly ethe categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or you dependents.  a. Health Insurance				

			Subpart C: Deductions for De	bt Paym	nent		
47	own, check sched case,	list the name of creditor, it whether the payment included as contractually due	claims. For each of your debts that is secure identify the property securing the debt, state ludes taxes or insurance. The Average Month to each Secured Creditor in the 60 months for ry, list additional entries on a separate page.	the Averag nly Paymer ollowing th	e Monthly nt is the tot he filing of	Payment, and all of all amounts the bankruptcy	
		Name of Creditor	Property Securing the Debt	Aver Mon Payn	thly	Does payment include taxes or insurance	
	a.			\$		□yes □no	
					Add Lines		\$ 
48	motor your paym sums	r vehicle, or other propert deduction 1/60th of any a tents listed in Line 47, in o in default that must be pa	laims. If any of debts listed in Line 47 are so y necessary for your support or the support of mount (the "cure amount") that you must pay order to maintain possession of the property. id in order to avoid repossession or foreclosty, list additional entries on a separate page.  Property Securing the Debt	f your deport the creditor The cure a sure. List an	endents, yo or in additi mount wou d total any	ou may include in ion to the ald include any	
	a.			\$			
						Γotal: Add Lines	\$
49	priori not in	ity tax, child support and a nclude current obligation	rity claims. Enter the total amount, divided alimony claims, for which you were liable at as, such as those set out in Line 33.  penses. Multiply the amount in Line a by the e.	the time of	your bank	cruptcy filing. <b>Do</b>	\$
	a.	Projected average mon	thly Chapter 13 plan payment.	\$			
50	b.	Current multiplier for y issued by the Executive	your district as determined under schedules e Office for United States Trustees. (This e at www.usdoj.gov/ust/ or from the clerk of	X			
	c.		nistrative expense of chapter 13 case	Total: M	Iultiply Lir	nes a and b	\$
51	Total	Deductions for Debt Pa	yment. Enter the total of Lines 47 through 5	50.			\$
			Subpart D: Total Deductions f	rom Inc	ome		
52	Total	l of all deductions from i	ncome. Enter the total of Lines 38, 46, and 5	51.			\$
		Part V. DETE	RMINATION OF DISPOSABLE	INCOM	E UNDE	CR § 1325(b)(2)	
53	Total	current monthly income	e. Enter the amount from Line 20.				\$
54	paym	ents for a dependent child	onthly average of any child support payments I, reported in Part I, that you received in accor accessary to be expended for such child.				\$
55	wage	s as contributions for qual	ons. Enter the monthly total of (a) all amoun lifted retirement plans, as specified in § 541(1) specified in § 362(b)(19).				\$
56	Total	l of all deductions allowe	d under § 707(b)(2). Enter the amount from	Line 52.			\$

	there is no reasonable alternative, describe the If necessary, list additional entries on a separate	re are special circumstances that justify additional expenses for which e special circumstances and the resulting expenses in lines a-c below. at page. Total the expenses and enter the total in Line 57. You must ion of these expenses and you must provide a detailed explanation a expense necessary and reasonable.	
57	Nature of special circumstances	Amount of Expense	]
	a.	\$	1
	b.	\$	1
	c.	\$	1
		Total: Add Lines	\$
58	Total adjustments to determine disposable result.	<b>income.</b> Add the amounts on Lines 54, 55, 56, and 57 and enter the	\$
59	Monthly Disposable Income Under § 1325(	<b>b</b> )(2). Subtract Line 58 from Line 53 and enter the result.	\$
	Part VI	ADDITIONAL EXPENSE CLAIMS	
	of you and your family and that you contend	hly expenses, not otherwise stated in this form, that are required for the should be an additional deduction from your current monthly income tall sources on a separate page. All figures should reflect your average	under §
60	Expense Description	Monthly Amount	]
	a.	\$	]
	b.	\$	
		\$	
	c.		1
	d.	\$	- - -
		\$	
61	I declare under penalty of perjury that the infemust sign.)	Total: Add Lines a, b, c and d \$  Part VII. VERIFICATION  ormation provided in this statement is true and correct. (If this is a joint of the correct) of the correct of th	int case, both debtors
61	d.  I declare under penalty of perjury that the infe	Total: Add Lines a, b, c and d \$  Part VII. VERIFICATION  ormation provided in this statement is true and correct. (If this is a joint and correct).	int case, both debtors

## **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 03/01/2011 to 08/31/2011.

### Non-CMI - Social Security Act Income

Source of Income: **SS** Income by Month:

6 Months Ago:	03/2011	\$1,516.00
5 Months Ago:	04/2011	\$1,516.00
4 Months Ago:	05/2011	\$1,516.00
3 Months Ago:	06/2011	\$1,516.00
2 Months Ago:	07/2011	\$1,516.00
Last Month:	08/2011	\$1,516.00
	Average per month:	\$1,516.00

9

## **Current Monthly Income Details for the Debtor's Spouse**

### **Spouse Income Details:**

Income for the Period 03/01/2011 to 08/31/2011.

## Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **SS** Income by Month:

6 Months Ago:	03/2011	\$789.00
5 Months Ago:	04/2011	\$789.00
4 Months Ago:	05/2011	\$789.00
3 Months Ago:	06/2011	\$789.00
2 Months Ago:	07/2011	\$789.00
Last Month:	08/2011	\$789.00
	Average per month:	\$789.00